

| POSITION | INITIALS | ID NO | DATE |
|---------------------------|----------|-------|----------|
| FEE DETERMINATION | | | 0615(10) |
| O.I.P.E. CLASSIFIER | | | 6/26 |
| FORMALITY REVIEW | H-S | 866 | 08-13-01 |
| RESPONSE FORMALITY REVIEW | MTB | 954 | 11/18/01 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral) ... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------------|
| 1 | ✓ | | 06/01/2001 |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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